

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/603318

FILING DATE 2

APPLICANT(S) 7

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. <u>43</u>						
TOTAL DEP. <u>43</u>						
TOTAL CLAIMS <u>44</u>						

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TOTAL IND. <u>43</u>						
TOTAL DEP. <u>43</u>						
TOTAL CLAIMS <u>44</u>						